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NINDS Trigeminal Neuralgia Information Page**Synonym(s):** Tic Douloureux

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What is Trigeminal Neuralgia?

Trigeminal neuralgia, also called tic douloureux, is a condition that affects the trigeminal nerve (the 5th cranial nerve), one of the largest nerves in the head. The trigeminal nerve is responsible for sending impulses of touch, pain, pressure, and temperature to the brain from the face, jaw, gums, forehead, and around the eyes. Trigeminal neuralgia is characterized by a sudden, severe, electric shock-like or stabbing pain typically felt on one side of the jaw or cheek. The disorder is more common in women than in men and rarely affects anyone younger than 50. The attacks of pain, which generally last several seconds and may be repeated one after the other, may be triggered by talking, brushing teeth, touching the face, chewing, or swallowing. The attacks may come and go throughout the day and last for days, weeks, or months at a time, and then disappear for months or years.

Is there any treatment?

Treatment for trigeminal neuralgia typically includes anticonvulsant medications such as carbamazepine or phenytoin. Baclofen, clonazepam, gabapentin, and valproic acid may also be effective and may be used in combination to achieve pain relief. If medication fails to relieve pain, surgical treatment may be recommended.

What is the prognosis?

The disorder is characterized by recurrences and remissions, and successive recurrences may incapacitate the patient. Due to the intensity of the pain, even the fear of an impending attack may prevent activity. Trigeminal neuralgia is not fatal.

What research is being done?

Within the NINDS research programs, trigeminal neuralgia is addressed primarily through studies associated with pain research. NINDS vigorously pursues a research program seeking new treatments for pain and nerve damage with the ultimate goal of reversing debilitating conditions such as trigeminal neuralgia. NINDS has notified research investigators that it is seeking grant applications both in basic and clinical pain research.

[Select this link](#) to view a list of studies currently seeking patients.

Organizations

American Chronic Pain Association (ACPA) P.O. Box 850	Trigeminal Neuralgia Association 2801 SW Archer Road
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Rocklin, CA 95677-0850
ACPA@pacbell.net
<http://www.theacpa.org>
Tel: 916-632-0922 800-533-3231
Fax: 916-632-3208

Gainesville, FL 32608
tnanational@tna-support.org
<http://www.tna-support.org>
Tel: 352-376-9955 800-923-3608
Fax: 352-376-8688

National Foundation for the Treatment of Pain

P.O. Box 70045
Houston, TX 77270
NFTPain@cwo.com
<http://www.paincare.org>
Tel: 713-862-9332
Fax: 713-862-9346

IRSA (International RadioSurgery Association)

P.O. Box 5186
Harrisburg, PA 17110
office@irsa.org
<http://www.irsa.org>
Tel: 717-260-9808
Fax: 717-260-9809

Mayday Fund [For Pain Research]

c/o SPG
136 West 21st Street, 6th Floor
New York, NY 10011
mayday@maydayfund.org
<http://www.painandhealth.org>
Tel: 212-366-6970
Fax: 212-366-6979

Related NINDS Publications and Information

- Chronic Pain: Hope Through Research
Chronic pain information page compiled by the National Institute of Neurological Disorders and Stroke (NINDS).
- Headache: Hope Through Research
Information about headaches, including migraines, compiled by the National Institute of Neurological Disorders and Stroke (NINDS).
- Trigeminal Neuralgia: Opportunities for Research and Treatment
Summary of a workshop, "Trigeminal Neuralgia: Opportunities for Research and Treatment," September 1999.

Prepared by:
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National Institute of Neurological Disorders and Stroke
National Institutes of Health
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Neuralgia explained

Neuralgia is pain in a nerve pathway. Generally, **neuralgia** isn't an illness in its own right, but a symptom of injury or a particular disorder. In many cases, the cause of the pain is not known. Older people are most susceptible, but people of any age can be affected.

Almost everyone will experience mild **neuralgia** at some point, but these bouts are usually temporary and tend to ease by themselves within a few days. Some types of **neuralgia** are longer lasting, debilitating and so agonising that a person's quality of life is severely reduced. Trigeminal **neuralgia**, a condition that usually affects one side of the face only, is said to be one of the most painful medical conditions. **Neuralgia** can be managed with medications and physical therapy. Surgery is an option in some resistant cases.

Symptoms

The symptoms of **neuralgia** include:

- Localised pain.
- The area may be excruciatingly sensitive to touch, and any pressure is felt as pain.
- The pain can be sharp or burning, depending on the affected nerve.
- The affected area is still functional.
- The muscles may spasm.

Nerve inflammation can trigger neuralgia

Nerve inflammation (neuritis) can trigger **neuralgia**. Causes of neuritis include:

- **Shingles** - inflammation of a nerve, caused by infection with the herpes virus. This common type of **neuralgia** is known as post-herpetic **neuralgia**. The pain may linger long after the shingles rash has disappeared, particularly in areas of the face.
- **Infection** - the nerve can be irritated by nearby infection, such as a tooth abscess.
- **Pressure or injury** - broken bones, slipped vertebral discs (sciatica) or certain tumours can press and irritate a nerve.
- **Syphilis** - in its advanced stages, this sexually transmitted disease

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affects the functioning of the nervous system.

Trigeminal neuralgia

This is the most common type of **neuralgia**, also known as tic douloureux. The trigeminal nerve supplies various areas of the face, including the cheeks and jaw. Trigeminal **neuralgia** is characterised by sudden jolts of shooting pain that usually affect one side of the face only. Sometimes, a person experiences pain on both sides of the face, though at alternating times. The pain may be severe enough to cause spasms of the facial muscles (tic). Trigeminal **neuralgia** turns everyday activities, such as teeth brushing or shaving, into agonising events. Even a gentle breeze blowing on the face can trigger pain. Known causes include multiple sclerosis or tumours pressing against the nerve. Women over the age of 50 years are most commonly affected.

Occipital neuralgia

Irritation of the main nerve that runs from the back of the skull can cause occipital **neuralgia**. This type of headache or pain is dull, throbbing and localised to the back of the head. The pain can sometimes include the forehead. It is suspected that tense muscles or ligaments may press against the nerve, causing irritation, inflammation and subsequent pain. Other causes may include viral infection, trauma to the neck or bad posture.

Diagnosis methods

There are no specific tests for **neuralgia**. Diagnosis relies more on ruling out other possible causes for the pain. Tests may include:

- **Neurological examination** - to determine specific areas of pain.
- **Dental examination** - to check for abscesses that may be irritating nearby nerves.
- **Blood tests** - to check for infection.
- **X-rays** - to see if the affected nerves are being compressed.

Treatment options

Treatment options include:

- **Treatment for the underlying cause** - such as dental treatment and antibiotics for a tooth abscess, or surgery to remove bone from pressing against the nerve.
- **Pain-killing medications** - such as aspirin or codeine.
- **Anticonvulsant medications** - to treat the pain and muscle spasms associated with trigeminal **neuralgia**.
- **Antidepressants** - to help relieve pain in some cases.
- **Surgery** - to desensitise the nerve and block pain messages.
- **Physical therapy** - such as physiotherapy and chiropractic.
- **Alternative therapies** - such as acupuncture, hypnosis and meditation.

Where to get help

- Your doctor.

Things to remember

- **Neuralgia** is pain in a nerve pathway.
- Generally, **neuralgia** isn't an illness in its own right, but a symptom of injury or particular disorders.
- In many cases, the cause of the pain is not known.
- The pain can generally be managed with medication, physical

therapies or surgery.

Related fact sheets:

Guillain-Barre syndrome.

Nervous system.

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